

STATE OF SOUTH CAROLINA

217027
(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-223-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Coastal Taxi, L.L.C.
Address: 7709 MENDELWOOD DR
N. CHARLESTON SC. 29418

Telephone: 843-303-8022
Fax: 843-767-8739
Other: _____
Email: CoastalTaxi@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 14 2010
PSC SC
DOCKETING DEPT

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 5/26, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

COASTAL TAXI, LLC

2. (a) Street Address of Applicant 7709 MENDELWOOD DR

NORTH CHARLESTON, SC 29418

(b) Mailing address, if different from street address _____

(c) Telephone Number (843) 303-8022 Fe

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 5/26 Year 2009

Assets:		
Cash	<u>\$2,500</u>	
Receivables	<u>\$2,500</u>	
Real Estate		
Buildings and Equipment-Net		
Motor Vehicles-Net	<u>\$5,000</u>	
Garage Equipment-Net		
Machinery and Tools-Net		
Supplies on Hand		
Prepays and Other Assets		
Total Assets	<u>+\$10,000</u>	
Liabilities and Equity:		
Accounts Payable		
Notes Payable	<u>\$12,000</u>	
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities	<u>Insurance \$18,000</u>	
Total Liabilities		
Capital Stock		
Retained Earnings		
Total Equity		
Total Liabilities and Equity	<u>- \$30,000</u>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, KARUM MARSHALL, OWNER
(Name of Applicant's Representative) (Title)

of COASTAL TANK LLC, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At CHARLOTTE, S.C.

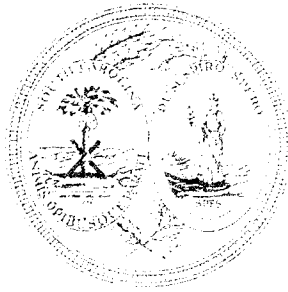
This the 26 day of MAY 2009

F.P. MURPHY
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: 5/2/2010

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COASTAL TAXI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 26th, 2008, with a duration that is until December 31st, 2058, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
26th day of June, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant COASTAL TAXI, LLC

For the transportation of passengers as follows:

Area to be served: CHARLESTON, DORCHESTER, AND BERKLEY
COUNTIESNumber of passengers: SEDAN 5 AND VANS - 7 EACHFares : 2.00 / MILE

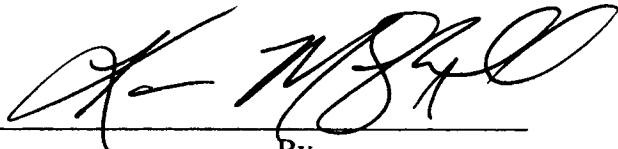
Date 5/26/09
ByOWNER
Title

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: _____

5/26/09

CASIA TAXI LLC
(Applicant)

(Applicant)

KARUM MARSHA //

(Applicant's Representative)

OWNER

(Title)



Venture
SPECIALTY INSURANCE

PO Box 18026
Richmond, VA 23226
Voice - 804-521-2993
Fax - 804-288-9886

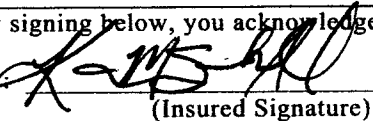
Commercial Auto Insurance Quote

Thank you for calling Venture Specialty Insurance for your insurance needs. We are pleased to offer you the following quote based on the information you provided to us:

Insured:	Coastal Taxi
Policy Term:	05/09/2009 to 05/09/2010
Coverage type:	Commercial Automobile Liability
Coverage amounts for liability:	Liability \$1,000,000 CSL Uninsured Motorist Bodily - \$70,000 / \$50,000
Physical Damage (Comp & Collision) Coverage:	None
Number of vehicles quoted:	3 units
Premium per vehicle:	\$4,729.00
Loss Control Fee:	\$0.00
Policy Fee:	\$0.00
Carrier:	Southern United Fire Insurance Company
Subject to:	Minimum earned of \$250.00 Must provide a copy of Vehicle(s) Registrations Vehicles 10 years or older may be subject to favorable mechanic statement, and a photo of the car must be provided Drivers Not needing an SR-22 Filing. All MVRs must comply with Driver Criteria Guidelines MVRs must be sent prior to binding <u>All new potential drivers must be approved by Southern United Fire Insurance Company prior to operating any insured vehicle</u> All drivers over 70 years old are subject to favorable physician statement All vehicles must be pre-scheduled, no automatic coverage is afforded
Administrative Fee Schedule:	Venture Specialty Insurance, LLC may charge and administrative or service fee. Our fees are: <ol style="list-style-type: none">1. Policy Set Up Fee - \$50.00 per policy2. DMV Record - \$10.00 per record3. Property Photograph - \$25.00 flat fee4. Returned Check - \$35.00 first offense, \$75 second offense
Total premium for package:	\$14,187.00

By signing below, you acknowledge this quote and the conditions that are subject to this rate provided.

By:


(Insured Signature)

Name:


(Printed Name)

Date:

5/5/09

SIGN HERE

By:

(Agent Signature)

Name:

(Printed Name)

Date:

★

COASTAL TAXI LLC

1261

67-187/532

PAY
TO THE
ORDER OF

VENTURE SPECIALTY INSURANCE

DATE 5/6/09

Two THOUSAND ONE HUNDRED - THIRTY FIVE DOLLARS AND 55 \$ 235.55

Security
Features
Listed on
Back

~~20-200 DOLLARS~~

[Signature]

MP

EXHIBIT FWA

Name: KARUM MARSHALL for COASTAL TAXI LLC

Address: 7709 MEADEWOOD Dr. N. Charleston SC 29418

Telephone No. (843) 303-8022 **Fax No.** (843) 767-8789

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

[Signature] For COASTAL TAXI LLC
(Applicant's Signature)

Sworn to before me

At Charleston, SC

This 26 day of may, 2009

F.P. Manning
(Notary Public)

Commission Expires: 5/12/2011